

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known): _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

FILED VIA MAIL**JAN 17 2019****Clerk, U.S. Bankruptcy,
Tampa Division** Check if this is an
amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****12/17**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

146312

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Thomas

First Name

Charles

Middle Name

Owens

Last Name

Suffix (Sr., Jr., II, III)

Billie

First Name

Jo

Middle Name

Owens

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

First Name

First Name

Include your married or maiden names.

Middle Name

Middle Name

Last Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 0 9 5 6xxx - xx - 1 1 6 3

OR

OR

9xx - xx - _____

9xx - xx - _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years I have not used any business names or EINs. I have not used any business names or EINs.

Business name

Business name

Business name

Business name

Business name

Business name

335.00 CK

Debtor 1
Debtor 2Thomas Charles Owens
Billie Jo Owens

Case number (if known) _____

About Debtor 1:

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

EIN _____

5. Where you live**7225 Winners Blvd.**

Number Street

Number Street

Lakeland FL 33810
City State ZIP Code

City State ZIP Code

Polk

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.**If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.**

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.
(See 28 U.S.C. § 1408.)**Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.
(See 28 U.S.C. § 1408.)**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under****Check one:** (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Debtor 1

Thomas Charles Owens

Debtor 2

Billie Jo Owens

Case number (if known) _____

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

 No Yes.District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

 No Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

 No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Thomas Charles Owens
 Thomas Charles Owens, Debtor 1

Executed on 11/17/2018
 MM / DD / YYYY

X Billie Jo Owens
 Billie Jo Owens, Debtor 2

Executed on 11/17/18
 MM / DD / YYYY

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

If you are represented by an attorney, you do not need to file this page.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person **Julie M. Jefferson**

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X Thomas Charles Owens

Thomas Charles Owens, Debtor 1

Date 11/17/2018
 MM / DD / YYYY

Contact phone _____

Cell phone (863) 816-1234

Email address towens31@gmail.com

X Billie Jo Owens

Billie Jo Owens, Debtor 2

Date 11/17/2018
 MM / DD / YYYY

Contact phone _____

Cell phone (863) 226-8612

Email address bjowens31@gmail.com

Fill in this information to identify your case:

Debtor 1	<u>Thomas</u>	<u>Charles</u>	<u>Owens</u>
	First Name	Middle Name	Last Name

Debtor 2	<u>Billie</u>	<u>Jo</u>	<u>Owens</u>
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

 Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)1a. Copy line 55, Total real estate, from Schedule A/B..... \$170,000.001b. Copy line 62, Total personal property, from Schedule A/B..... \$59,761.001c. Copy line 63, Total of all property on Schedule A/B..... \$229,761.00**Part 2: Summarize Your Liabilities**

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$195,807.443. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$0.003b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$83,684.50

Your total liabilities \$279,491.94

Part 3: Summarize Your Income and Expenses4. *Schedule I: Your Income* (Official Form 106I)Copy your combined monthly income from line 12 of Schedule I..... \$4,505.865. *Schedule J: Your Expenses* (Official Form 106J)Copy your monthly expenses from line 22c of Schedule J..... \$6,433.89

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5,300.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+</u> <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number
(if known) _____ Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.
 Yes. Where is the property?

1.1.

7225 Winners Blvd.

Street address, if available, or other description _____

Lakeland City	FL State	33810 ZIP Code
-------------------------	--------------------	--------------------------

Polk County

What is the property?

Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Who has an interest in the property?
Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
--	--

\$170,000.00	\$170,000.00
---------------------	---------------------

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead _____

Check if this is community property
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → **\$170,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

Debtor 1 Debtor 2	Thomas Charles Owens Billie Jo Owens	Case number (if known)
3.1. Make: <u>BMW</u> Model: <u>320i</u> Year: <u>2016</u> Approximate mileage: <u>28,000</u> Other information: 2016 BMW 320i (approx. 28,000 miles)		Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Current value of the entire property? <u>\$41,000.00</u> Current value of the portion you own? <u>\$41,000.00</u>
3.2. Make: <u>Kia</u> Model: <u>Optima</u> Year: <u>2018</u> Approximate mileage: <u>23,000</u> Other information: 2018 Kia Optima (approx. 23,000 miles)		Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Current value of the entire property? <u>\$17,376.00</u> Current value of the portion you own? <u>\$17,376.00</u>
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories <i>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories</i>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →		<u>\$58,376.00</u>
Part 3: Describe Your Personal and Household Items		
Do you own or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings <i>Examples: Major appliances, furniture, linens, china, kitchenware</i>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... stove, fridge, dishwasher
		<u>\$200.00</u>
7. Electronics <i>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games</i>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... 2 TV's, laptop, printer
		<u>\$150.00</u>
8. Collectibles of value <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles</i>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.....
		<u> </u>
9. Equipment for sports and hobbies <i>Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments</i>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....
		<u> </u>
10. Firearms <i>Examples: Pistols, rifles, shotguns, ammunition, and related equipment</i>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....
		<u> </u>

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens** _____ Case number (if known) _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe..... **wedding set, wedding ring** **\$150.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$500.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes..... Cash: **\$15.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes..... Institution name:

17.1. Checking account: **Checking account - Wells fargo** **\$520.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes..... Institution name or individual:

Electric:	Electric - Lakeland Electric	\$200.00
Water:	Water - Polk utilities	\$150.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____
 State: _____
 Local: _____

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.....

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No

Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$885.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe..

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe..

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe..

41. Inventory

No
 Yes. Describe..

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.....

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes....

48. Crops--either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes....

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

50. Farm and fishing supplies, chemicals, and feed

No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$170,000.00

56. Part 2: Total vehicles, line 5 \$58,376.00

57. Part 3: Total personal and household items, line 15 \$500.00

58. Part 4: Total financial assets, line 36 \$885.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

62. Total personal property. Add lines 56 through 61..... \$59,761.00 Copy personal property total → \$59,761.00

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$229,761.00

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 7225 Winners Blvd.	\$170,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X § 4(a)(1); Fla. Stat. Ann. §§ 222.01, .02 (Claimed: \$991.00 100% of fair market value, up to any applicable statutory limit)
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: 2016 BMW 320i (approx. 28,000 miles)	\$41,000.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1) (Claimed: \$2,000.00 100% of fair market value, up to any applicable statutory limit)
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: 2018 Kia Optima (approx. 23,000 miles)	\$17,376.00	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1) (Claimed: \$0.00 100% of fair market value, up to any applicable statutory limit)
Line from <i>Schedule A/B</i> : <u>3.2</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: stove, fridge, dishwasher	<u>\$200.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) (Claimed: \$200.00) 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>6</u>			
Brief description: 2 TV's, laptop, printer	<u>\$150.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) (Claimed: \$150.00) 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>7</u>			
Brief description: wedding set, wedding ring	<u>\$150.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) (Claimed: \$150.00) 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>12</u>			
Brief description: cash in wallet	<u>\$15.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.11(2)(a) (Claimed: \$0.00) 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>16</u>			
Brief description: Checking account - Wells fargo	<u>\$520.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.11(2)(a) (Claimed: \$0.00) 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>17.1</u>			

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number
(if known) _____ Check if this is an amended filingOfficial Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	---	---

2.1	Describe the property that secures the claim:	\$26,798.44	\$17,376.00	\$9,422.44
Capital One Auto Finance	2018 KIA OPTIMA			
Creditor's name PO Box 60511				
Number Street				

City of Industry CA 91716
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Purchase Money

Date debt was incurred _____ Last 4 digits of account number 0 9 5 6

Add the dollar value of your entries in Column A on this page. Write that number here:

\$26,798.44

Debtor 1
Debtor 2Thomas Charles Owens
Billie Jo Owens

Case number (if known) _____

Additional PagePart 1:
After listing any entries on this page, number them
sequentially from the previous page.**Column A**
Amount of claim
Do not deduct the
value of collateral**Column B**
Value of collateral
that supports this
claim**Column C**
Unsecured
portion
if any

2.2

Describe the property that
secures the claim:

\$169,009.00

\$170,000.00

Pacific Union Financial

Creditor's name

1603 LBJ Freeway Suite 500

Number Street

7225 Winners Blvd., Lakeland
33810**Farmers Branch TX 75234**

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates
to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Purchase Money

Date debt was incurred _____

Last 4 digits of account number

0 9 5 6

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$169,009.00

If this is the last page of your form, add the dollar value totals from
all pages. Write that number here:

\$195,807.44

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
--------------------	------------------------	---------------------------

2.1

Priority Creditor's Name	Last 4 digits of account number
Number Street	When was the debt incurred?
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State ZIP Code
Who incurred the debt? Check one.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Type of PRIORITY unsecured claim:
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

<p>4.1</p> <p>Aldous & Associates Nonpriority Creditor's Name PO Box 171374 Number Street</p>	<p>Last 4 digits of account number <u>0 9 5 6</u></p>	<p>Total claim <u>\$139.00</u></p>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p>		<p>When was the debt incurred? <u>11/30/2015</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>
<p>Holladay UT 84117</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4.2</p> <p>Allied Collection Service Nonpriority Creditor's Name 8550 Balboa Blvd. St.232 Number Street</p>		
<p>Last 4 digits of account number <u>0 9 5 6</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>Northridge CA 91325</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.3****Americredit Financial**

Nonpriority Creditor's Name

GM Financial

Number Street

801 Cherry St., # 3500Last 4 digits of account number 1 4 0 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Worth TX 76102

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$10,819.77**4.4****ATG Credit, LLC**

Nonpriority Creditor's Name

PO Box 14895

Number Street

Last 4 digits of account number 3 2 7 4

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Chicago IL 60614-4895

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$430.02**4.5****Avant**

Nonpriority Creditor's Name

222 N. Lasalle St. suite 1700

Number Street

Last 4 digits of account number 0 9 5 6When was the debt incurred? 04/20/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Chicago IL 60601

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$2,426.00

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.6****AWA Collections**

Nonpriority Creditor's Name

PO Box 6605

Number Street

Last 4 digits of account number 0 9 5 6**\$600.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Orange CA 92867

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.7**Badcock**

Nonpriority Creditor's Name

6625 US Hwy 98 North

Number Street

Last 4 digits of account number 9 9 5 6**\$783.96**When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland FL 33809

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.8**Badcock & More**

Nonpriority Creditor's Name

6625 US Hwy 98N

Number Street

Last 4 digits of account number 9 9 5 6**\$935.51**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland FL 33809

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -furniture

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.9****\$261.72****Bealls**Nonpriority Creditor's Name
PO Box 659705

Number Street

Last 4 digits of account number 1 5 6 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78265

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.10**\$2,447.12****Capital One Bank**Nonpriority Creditor's Name
PO Box 30281

Number Street

Last 4 digits of account number 2 6 3 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.11**\$789.00****Capital One Bank**Nonpriority Creditor's Name
PO Box 30281

Number Street

Last 4 digits of account number 0 9 5 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$305.00

Comenity Bank
 Nonpriority Creditor's Name
PO Box 659705
 Number Street

Last 4 digits of account number 1 5 6 3When was the debt incurred? 03/24/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78265
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
 Credit Card

4.13

\$109.00

Commonwealth Finance
 Nonpriority Creditor's Name
245 Main Street
 Number Street

Last 4 digits of account number _____

When was the debt incurred? 01/08/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Scranton PA 18519
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
 Collecting for -medical emergency

4.14

\$176.00

Credit Collection Service
 Nonpriority Creditor's Name
PO Box 607
 Number Street

Last 4 digits of account number 0 9 5 6When was the debt incurred? 02/24/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Norwood MA 02062
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
 Collecting for -progressive

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$139.00**Credit Collection Service**

Nonpriority Creditor's Name

PO Box 607

Number Street

Last 4 digits of account number 0 9 5 6When was the debt incurred? 01/30/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Norwood MA 02062

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for -nationwide insurance**

4.16

\$547.10**Credit One Bank**

Nonpriority Creditor's Name

PO Box 98872

Number Street

Last 4 digits of account number 9 9 6 7

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Las Vegas NV 89193

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.17

\$224.00**FBCS, Inc**

Nonpriority Creditor's Name

330 S. Warminster Rd., suite 353

Number Street

Last 4 digits of account number 6 0 6 8

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Hatboro PA 19040

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for -medical bill**

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

FBCS, Inc

Nonpriority Creditor's Name

330 S. Warmminster Rd., suite 353

Number Street

Last 4 digits of account number 4 0 8 1

When was the debt incurred?

\$1,126.90

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Hatboro PA 19040

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.19

Fin Sys of Richmond

Nonpriority Creditor's Name

32 S 9th Po Box 786

Number Street

Last 4 digits of account number 0 8 5 6**\$330.00**When was the debt incurred? 11/4/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Richmond IN 47374

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.20

\$243.59**Frontier**

Nonpriority Creditor's Name

PO Box 740407

Number Street

Last 4 digits of account number 0 9 5 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Cincinnati OH 45274-0407

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****Frontier**

Nonpriority Creditor's Name

PO Box 740407

Number Street

Last 4 digits of account number 0 1 6 5**\$105.66**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Cincinnati OH 45274
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -

4.22**Hunter Warfield, Inc**

Nonpriority Creditor's Name

4620 Woodland Corporate Blvd

Number Street

Last 4 digits of account number 0 9 5 6**\$1,242.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Tampa FL 33614
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - Paddock Club apt.

4.23**\$1,257.66****Hunter Warfield, Inc**

Nonpriority Creditor's Name

4620 Woodland Corporate Blvd

Number Street

Last 4 digits of account number 2 2 3 9

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Tampa FL 33614
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$278.00

Lakeland Pathologists, PA
 Nonpriority Creditor's Name
1125 Bartow Road suite 101

Number Street

Last 4 digits of account number 5 5 8 8

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland FL 33801
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.25

\$3,491.16

Lakeland Regional Health
 Nonpriority Creditor's Name
PO Box 40249

Number Street

Last 4 digits of account number 5 1 6 5When was the debt incurred? 03/30/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta GA 30368
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - medical bill

4.26

\$3,316.43

Lakeland Regional Health
 Nonpriority Creditor's Name
PO Box 102049

Number Street

Last 4 digits of account number 7 7 4 0When was the debt incurred? 03/21/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta GA 30368
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 40249

Number Street

Atlanta, GA, 30368Last 4 digits of account number 1 9 4 2

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

\$1,707.37

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

Is the claim subject to offset?

No
 Yes

4.28**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 102101

Number Street

Last 4 digits of account number 5 7 9 0**\$427.14**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

Is the claim subject to offset?

No
 Yes

4.29**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 95448

Number Street

Last 4 digits of account number 3 2 3 8**\$13,495.45**When was the debt incurred? 01/31/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - medical bill

Is the claim subject to offset?

No
 Yes

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.30

\$3,316.43**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 102049

Number Street

Last 4 digits of account number **7 7 4 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlantic **GA** **30368**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.31

\$537.02**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 102049

Number Street

Last 4 digits of account number **9 2 6 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta **GA** **30368**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.32

\$200.00**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 102049

Number Street

Last 4 digits of account number **6 2 5 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta **GA** **30368**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$13,495.45**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 102049

Number Street

Last 4 digits of account number 4 5 4 9

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta GA 30368

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.34

\$200.00**Lakeland Regional Health**

Nonpriority Creditor's Name

PO Box 10249

Number Street

Last 4 digits of account number 6 7 8 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Atlanta GA 30368

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.35

\$600.00**LVNV Funding LLC**

Nonpriority Creditor's Name

C/o Resurgent Capital Services

Number Street

PO Box 1269Last 4 digits of account number 0 9 5 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenville SC 29602

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.36

\$660.08

LVNV Funding LLC
 Nonpriority Creditor's Name
Suite 240
 Number Street
580 Middletown Blvd.

Last 4 digits of account number 0 7 9 9

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Langhorne PA 19047
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.37

\$213.32

National Recovery Agency
 Nonpriority Creditor's Name
PO Box 67015
 Number Street

Last 4 digits of account number 5 0 0 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Harrisburg PA 17106-7015
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -

4.38

\$1,852.00

Osprey Emergency
 Nonpriority Creditor's Name
PO Box 8250
 Number Street

Last 4 digits of account number 9 2 3 0

When was the debt incurred? 03/14/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Philadelphia PA 19101
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$1,783.00**Osprey Emergency**

Nonpriority Creditor's Name

PO Box 8250

Number Street

Last 4 digits of account number 6 0 3 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Philadelphia PA 19101

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.40

\$753.00**Phoenix Financial Services, LLC**

Nonpriority Creditor's Name

PO Box 361450

Number Street

Last 4 digits of account number 7 9 9 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Indianapolis IN 46236-1450

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.41

\$698.00**Portfolio Recovery**

Nonpriority Creditor's Name

120 Corporate Blvd. Ste.100

Number Street

Last 4 digits of account number 8 5 3 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Norfolk VA 23502

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.42

Prefection Collection

Nonpriority Creditor's Name

Vivint

Number Street

313 E 1200 S 102Last 4 digits of account number **0 9 5 6**When was the debt incurred? **04/24/2016**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Orem **UT** **84058**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -security system

\$1,933.00

4.43

Radiology and Imaging Specialist

Nonpriority Creditor's Name

PO Box 20027

Number Street

Last 4 digits of account number **9 9 7 9**When was the debt incurred? **03/30/2018**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Tampa **FL** **33622**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

\$320.00

4.44

Transworld System

Nonpriority Creditor's Name

PO BOX 15109

Number Street

Last 4 digits of account number **0 9 5 6**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Wilmington **DE** **19850**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -FL Dept. of Juvenile

\$511.00

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.45

Transworld System Inc

Nonpriority Creditor's Name
500 Virginia Dr. Suite 514

Number Street

Last 4 digits of account number 5 5 0 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

\$3,635.00**Ft Washington PA 19034**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - medical bill

4.46

\$1,852.00**Transworld System Inc**

Nonpriority Creditor's Name
500 Virginia Dr. Suite 514

Number Street

Last 4 digits of account number 5 5 0 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Ft. Washington PA 19034

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for - medical bill

4.47

\$307.31**Village Plaza Dental Design**

Nonpriority Creditor's Name
4204 US Hwy 98N

Number Street

Last 4 digits of account number 3 0 7 3

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland FL 33809

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -dental

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.48****Watson Clinic**

Nonpriority Creditor's Name
PO Box 95004

Number Street

Last 4 digits of account number 2 9 2 3When was the debt incurred? 05/01/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland **FL** **33804**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$224.00

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.49**Watson Clinic**

Nonpriority Creditor's Name
PO Box 95004

Number Street

Last 4 digits of account number 8 1 2 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland **FL** **33804**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$749.33

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

4.50**Watson Clinic**

Nonpriority Creditor's Name

PO Box 95004

Number Street

Last 4 digits of account number 3 2 5 9

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lakeland **FL** **33804**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

\$1,262.00

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -medical bill

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.51

\$224.00

Watson Clinic
 Nonpriority Creditor's Name
PO Box 21808

Number Street

Last 4 digits of account number 6 0 6 8

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbia **SC** **21808**
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Collecting for -medical bill

Debtor 1 **Thomas Charles Owens**
Debtor 2 **Billie Jo Owens**

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Receivable Solutions, Inc

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

PO Box 21808

Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Columbia **SC** **29221-1808**

Last 4 digits of account number 6 0 6 8

Transworld Systems Inc

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

PO Box 15618

- Part 1: Creditors with Priority Unsecured Claims
- Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington, DE 198505618

Last 4 digits of account number 5 5 0 1

City _____ State _____ ZIP Code _____

Debtor 1
Debtor 2Thomas Charles Owens
Billie Jo Owens

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total claim
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

Total claims from Part 2	Total claim
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$83,684.50</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$83,684.50</u>

Fill in this information to identify your case:

Debtor 1	<u>Thomas</u> First Name	<u>Charles</u> Middle Name	<u>Owens</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Billie</u> First Name	<u>Jo</u> Middle Name	<u>Owens</u> Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF FLORIDA</u>			
Case number (if known) _____			

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 BMW Financial
Name
5550 Brittan Pkwy
Number Street

2016 BMW
Contract to be ASSUMED

Hilliard
City

OH
State

43026
ZIP Code

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known)			

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:			
Debtor 1	<u>Thomas</u> First Name	<u>Charles</u> Middle Name	<u>Owens</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Billie</u> First Name	<u>Jo</u> Middle Name	<u>Owens</u> Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF FLORIDA</u>			
Case number (if known)	<hr/>		

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<u>Debtor 1</u>	<u>Debtor 2 or non-filing spouse</u>
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Mecanic</u>	<u>Case Manager Supervisor</u>
Employer's name	<u>Fileds BMW</u>	<u>SCARF</u>
Employer's address	<u>4285 Lakeland Park Dr.</u> Number Street	<u>1975 John Young Parkway</u> Number Street
	<hr/> <hr/>	

How long employed there? 5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$2,300.00</u>	<u>\$1,600.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$2,300.00</u>	<u>\$1,600.00</u>

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$2,300.00	\$1,600.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$292.54	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$71.60	\$0.00
5d. Required repayments of retirement fund loans	5d. \$100.00	\$0.00
5e. Insurance	5e. \$330.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$794.14	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$1,505.86	\$1,600.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: bonus	8h. + \$1,400.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$1,400.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$2,905.86	+ \$1,600.00 = \$4,505.86
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		12. \$4,505.86
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	First Name Thomas	Middle Name Charles	Last Name Owens
Debtor 2 (Spouse, if filing)	First Name Billie	Middle Name Jo	Last Name Owens
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known) _____			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

 No

Do not list Debtor 1 and Debtor 2.
 Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

<u>Daughter</u>	<u>17</u>	<input type="checkbox"/> No
<u>Daughter</u>	<u>9</u>	<input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

4. _____ **\$1,151.58**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. _____
 4b. _____
 4c. _____
 4d. _____ **\$33.00**

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

		<u>Your expenses</u>
5.	Additional mortgage payments for your residence, such as home equity loans	5. _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$130.00
6b.	Water, sewer, garbage collection	6b. _____ \$150.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$208.00
6d.	Other. Specify: <u>Mobile Phone</u>	6d. _____ \$370.00
7.	Food and housekeeping supplies	7. _____ \$400.00
8.	Childcare and children's education costs	8. _____ \$500.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$100.00
10.	Personal care products and services	10. _____
11.	Medical and dental expenses	11. _____ \$500.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$450.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____
14.	Charitable contributions and religious donations	14. _____ \$200.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____
15b.	Health insurance	15b. _____ \$660.00
15c.	Vehicle insurance	15c. _____ \$250.00
15d.	Other insurance. Specify: <u>Horse Therapy and Special need</u>	15d. _____ \$275.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 2018 kia	17a. _____ \$532.31
17b.	Car payments for Vehicle 2 2016 BMW	17b. _____ \$524.00
17c.	Other. Specify: _____	17c. _____
17d.	Other. Specify: _____	17d. _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____
20b.	Real estate taxes	20b. _____
20c.	Property, homeowner's, or renter's insurance	20c. _____
20d.	Maintenance, repair, and upkeep expenses	20d. _____
20e.	Homeowner's association or condominium dues	20e. _____

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

21. Other. Specify: _____ 21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.
 22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$6,433.89
22b.	_____
22c.	\$6,433.89

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.
 23b. Copy your monthly expenses from line 22c above.
 23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23a.	\$4,505.86
23b.	\$6,433.89
23c.	(\$1,928.03)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No.

Yes. Explain here:
None.

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person Julie M. Jefferson

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Thomas Charles Owens
Thomas Charles Owens, Debtor 1

Date 11/17/18
MM / DD / YYYY

X Billie Jo Owens
Billie Jo Owens, Debtor 2

Date 11/17/18
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known) _____			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$5,982.66</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$24,000.00</u>
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$53,750.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$34,784.00</u>
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$48,360.53</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$30,402.00</u>
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

From January 1 of the current year until the date you filed for bankruptcy:

Wages, commissions, bonuses, tips \$5,982.66 Wages, commissions, bonuses, tips \$24,000.00
 Operating a business Operating a business

For the last calendar year:

(January 1 to December 31, 2017)
YYYY

Wages, commissions, bonuses, tips \$53,750.00 Wages, commissions, bonuses, tips \$34,784.00
 Operating a business Operating a business

For the calendar year before that:

(January 1 to December 31, 2016)
YYYY

Wages, commissions, bonuses, tips \$48,360.53 Wages, commissions, bonuses, tips \$30,402.00
 Operating a business Operating a business

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens** _____ Case number (if known) _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens _____ Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No
 Yes. Fill in the details.

Julie M. Jefferson	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
3003 S. Tamiami Tr.		04/24/2018	\$200.00
Number Street			

Sarasota FL 34239
 City State ZIP Code

freedomrings.biz@comcast.net
 Email or website address

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens Case number (if known) _____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Thomas Charles Owens
 Thomas Charles Owens, Debtor 1
 Date 11/17/2018

X Billie Jo Owens
 Billie Jo Owens, Debtor 2
 Date 11/17/2018

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person Julie M. Jefferson Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known) _____			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Capital One Auto Finance**

Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

No
 Yes

Description of property securing debt: **2018 KIA OPTIMA**

Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

No
 Yes

Creditor's name: **Pacific Union Financial**

Description of property securing debt: **7225 Winners Blvd., Lakeland 33810**

Debtor 1
Debtor 2Thomas Charles Owens
Billie Jo Owens

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will this lease be assumed?**

Lessor's name: **BMW Financial**
 Description of leased property: **2016 BMW**

No
 Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X Thomas Charles Owens

Thomas Charles Owens, Debtor 1

Date 11/17/2018
MM / DD / YYYYX Billie Jo Owens

Billie Jo Owens, Debtor 2

Date 11/17/2018
MM / DD / YYYY

Fill in this information to identify your case:					
Debtor 1	Thomas First Name	Charles Middle Name	Owens Last Name		
Debtor 2 (Spouse, if filing)	Billie First Name	Jo Middle Name	Owens Last Name		
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA					
Case number (if known) _____					
Check one box only as directed in this form and in Form 122A-1Supp:					
<input checked="" type="checkbox"/> 1. There is no presumption of abuse.					
<input type="checkbox"/> 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).					
<input type="checkbox"/> 3. The Means Test does not apply now because of qualified military service but it could apply later.					
<input type="checkbox"/> Check if this is an amended filing					

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A	Column B
Debtor 1	Debtor 2 or non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$2,300.00 \$1,600.00

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$0.00 \$0.00

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. \$0.00 \$0.00

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Column A
Debtor 1**Column B**
**Debtor 2 or
non-filing spouse****5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$0.00</u>	
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$0.00</u>	
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

7. Interest, dividends, and royalties**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you..... **\$0.00**
 For your spouse..... **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. **\$0.00** **\$0.00****10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

bonus **\$1,400.00**

Total amounts from separate pages, if any.

+ **\$3,700.00** + **\$1,600.00** = **\$5,300.00**
Total current monthly income

Debtor 1 **Thomas Charles Owens**
 Debtor 2 **Billie Jo Owens**

Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year. Follow these steps:**12a. Copy your total current monthly income from line 11..... **Copy line 11 here →** 12a. **\$5,300.00**

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b. **\$63,600.00****X 12****13. Calculate the median family income that applies to you. Follow these steps:**

Fill in the state in which you live.

Florida

Fill in the number of people in your household.

4Fill in the median family income for your state and size of household..... 13. **\$74,512.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Thomas Charles Owens
Thomas Charles Owens, Debtor 1X Billie Jo Owens
Billie Jo Owens, Debtor 2Date 11/17/2018
MM / DD / YYYYDate 11/17/2018
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

IN RE: Thomas Charles Owens
Billie Jo Owens

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/17/2018

Signature Tom Owens
Thomas Charles Owens

Date 11/17/2018

Signature Billie Jo Owens
Billie Jo Owens

Aldous & Associates
PO Box 171374
Holladay, UT 84117

Allied Collection Service
8550 Balboa Blvd. St.232
Northridge, CA 91325

Americredit Financial
GM Financial
801 Cherry St., # 3500
Fort Worth, TX 76102

ATG Credit, LLC
PO Box 14895
Chicago, IL 60614-4895

Avant
222 N. Lasalle St. suite 1700
Chicago, IL 60601

AWA Collections
PO Box 6605
Orange, CA 92867

Badcock
6625 US Hwy 98 North
Lakeland, FL 33809

Badcock & More
6625 US Hwy 98N
Lakeland, FL 33809

Bealls
PO Box 659705
San Antonio, TX 78265

BMW Financial
5550 Brittan Pkwy
Hilliard, OH 43026

Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716

Capital One Bank
PO Box 30281
Salt Lake City, UT 84130

Comenity Bank
PO Box 659705
San Antonio, TX 78265

Commonwealth Finance
245 Main Street
Scranton, PA 18519

Credit Collection Service
PO Box 607
Norwood, MA 02062

Credit One Bank
PO Box 98872
Las Vegas, NV 89193

FBCS, Inc
330 S. Warminster Rd., suite 353
Hatboro, PA 19040

Fin Sys of Richmond
32 S 9th Po Box 786
Richmond, IN 47374

Frontier
PO Box 740407
Cincinnati, OH 45274-0407

Frontier
PO Box 740407
Cincinnati, OH 45274

Hunter Warfield, Inc
4620 Woodland Corporate Blvd
Tampa, FL 33614

Lakeland Pathologists, PA
1125 Bartow Road suite 101
Lakeland, FL 33801

Lakeland Regional Health
PO Box 40249
Atlanta, GA 30368

Lakeland Regional Health
PO Box 102049
Atlanta, GA 30368

Lakeland Regional Health
PO Box 40249
Atlanta, GA, 30368

Lakeland Regional Health
PO Box 102101
Atlanta, GA 30368

Lakeland Regional Health
PO Box 95448
Lakeland, FL 33804

Lakeland Regional Health
PO Box 102049
Atlanta, GA 30368

Lakeland Regional Health
PO Box 102049
Atlanta, GA 30368

Lakeland Regional Health
PO Box 10249
Atlanta, GA 30368

LVNV Funding LLC
C/o Resurgent Capital Services
PO Box 1269
Greenville, SC 29602

LVNV Funding LLC
Suite 240
580 Middletown Blvd.
Langhorne, PA 19047

National Recovery Agency
PO Box 67015
Harrisburg, PA 17106-7015

Osprey Emergency
PO Box 8250
Philadelphia, PA 19101

Pacific Union Financial
1603 LBJ Freeway Suite 500
Farmers Branch, TX 75234

Phoenix Financial Services, LLC
PO Box 361450
Indianapolis, IN 46236-1450

Portfolio Recovery
120 Corporate Blvd. Ste.100
Norfolk, VA 23502

Prefection Collection
Vivint
313 E 1200 S 102
Orem, UT 84058

Radiology and Imaging Specialist
PO Box 20027
Tampa, FL 33622

Receivable Solutions, Inc
PO Box 21808
Columbia, SC 29221-1808

Transworld System
PO BOx 15109
Wilmington, DE 19850

Transworld System Inc
500 Virginia Dr. Suite 514
Ft Washington, PA 19034

Transworld System Inc
500 Virginia Dr. Suite 514
Ft. Washington, PA 19034

Transworld Systems Inc
PO Box 15618
Dept.33
Wilmington, DE 198505618

Village Plaza Dental Design
4204 US Hwy 98N
Lakeland, FL 33809

Watson Clinic
PO Box 95004
Lakeland, FL 33804

Watson Clinic
PO Box 21808
Columbia, SC 21808

B2800 (Form 2800) (12/15)

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION**

In re **Thomas Charles Owens**
Billie Jo Owens
Debtor

Case No. _____
Chapter **7** _____

DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER

[Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]

1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For document preparation services, I have agreed to accept.....	\$200.00
Prior to the filing of this statement I have received.....	\$200.00
Balance Due.....	\$0.00

2. I have prepared or caused to be prepared the following documents (itemize):

**Voluntary Petition, Schedules A-J, Stmt. of Financial Affairs,
Statement of Inention, Income-Means Test, Non-Atty BPP Disclosures, Disclosure of Compensation of BPP, Matrix, Matrix
Verification, Stmt. SS#**

and provided the following services (itemize):

Type Official Forms and prepared mailing matrix disc

3. The source of the compensation paid to me was:

Debtor Other (specify)

4. The source of compensation to be paid to me is:

Debtor Other (specify)

5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.

6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

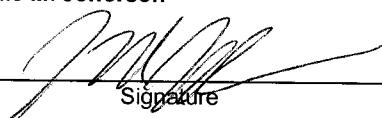
NAME

Julie M. Jefferson

SOCIAL SECURITY NUMBER

267-77-1719

X



Signature

267-77-1719

Social Security number of bankruptcy
petition preparer*



Date

Julie M. Jefferson, Document preparer

Printed name and title, if any, of
Bankruptcy Petition Preparer

3003 S. Tamiami Tr.

Sarasota, FL 34239

Address

* If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Fill in this information to identify the case:

Debtor 1	<u>Thomas</u> First Name	<u>Charles</u> Middle Name	<u>Owens</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Billie</u> First Name	<u>Jo</u> Middle Name	<u>Owens</u> Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number _____ Chapter 7
(if known)

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1: Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

The bankruptcy petition preparer Julie M. Jefferson _____ has notified me of
Name
any maximum allowable fee before preparing any document for filing or accepting any fee.

X _____
Thomas Charles Owens, Debtor 1, acknowledging receipt of this notice Date 11/17/2018
MM / DD / YYYY

X _____
Billie Jo Owens, Debtor 2, acknowledging receipt of this notice Date 11/17/2018
MM / DD / YYYY

Debtor 1 Thomas Charles Owens
 Debtor 2 Billie Jo Owens

Case number (if known) _____

Part 2: Declaration and Signature of the Bankruptcy Petition Preparer**Under penalty of perjury, I declare that:**

- I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- I or my firm prepared the documents listed below and gave the debtor a copy of them and the *Notice to Debtor by Bankruptcy Petition Preparer* as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- If rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

Julie M. Jefferson

Printed name _____
 3003 S. Tamiami Tr.
 Number Street _____

Document preparer

Title, if any _____

Freedom Rings Document Prep. Svcs.

Firm name, if it applies _____

Sarasota

City _____
 FL State _____ ZIP Code 34239

(941) 894-3733

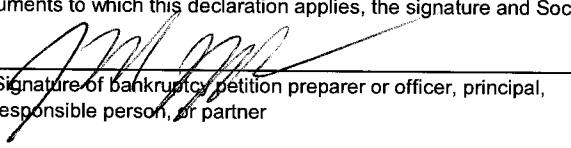
Contact phone _____

I or my firm prepared the documents checked below and the completed declaration is made a part of each document that I check:*(Check all that apply.)*

<input checked="" type="checkbox"/> Voluntary Petition (Form 101)	<input checked="" type="checkbox"/> Schedule I (Form 106I)	<input type="checkbox"/> Chapter 11 Statement of Your Current Monthly Income (Form 122B)
<input checked="" type="checkbox"/> Statement About Your Social Security Numbers (Form 121)	<input checked="" type="checkbox"/> Schedule J (Form 106J)	<input type="checkbox"/> Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Form 122C-1)
<input checked="" type="checkbox"/> Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)	<input checked="" type="checkbox"/> Declaration About an Individual Debtor's Schedules (Form 106Dec)	<input type="checkbox"/> Chapter 13 Calculation of Your Disposable Income (Form 122C-2)
<input checked="" type="checkbox"/> Schedule A/B (Form 106A/B)	<input checked="" type="checkbox"/> Statement of Financial Affairs (Form 107)	<input type="checkbox"/> Application to Pay Filing Fee in Installments (Form 103A)
<input checked="" type="checkbox"/> Schedule C (Form 106C)	<input checked="" type="checkbox"/> Statement of Intention for Individuals Filing Under Chapter 7 (Form 108)	<input type="checkbox"/> Application to Have Chapter 7 Filing Fee Waived (Form 103B)
<input checked="" type="checkbox"/> Schedule D (Form 106D)	<input checked="" type="checkbox"/> Chapter 7 Statement of Your Current Monthly Income (Form 122A-1)	<input checked="" type="checkbox"/> A list of names and addresses of all creditors (creditor or mailing matrix)
<input checked="" type="checkbox"/> Schedule E/F (Form 106E/F)	<input checked="" type="checkbox"/> Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Form 122A-1Supp)	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Schedule G (Form 106G)	<input checked="" type="checkbox"/> Chapter 7 Means Test Calculation (Form 122A-2)	
<input checked="" type="checkbox"/> Schedule H (Form 106H)		

Bankruptcy petition preparers must sign and give their Social Security numbers. If more than one bankruptcy petition preparer prepared the documents to which this declaration applies, the signature and Social Security number of each preparer must be provided. 11 U.S.C. § 110.

X


 Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

2 6 7 - 7 7 - 1 7 1 9
 Social Security number of person who signed

10/22/18
 Date MM / DD / YYYY

Julie M. Jefferson

Printed name _____

X

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

Social Security number of person who signed _____

Date _____

MM / DD / YYYY

Printed name _____

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+	\$550 administrative fee
	\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	\$75 administrative fee
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	\$75 administrative fee
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.